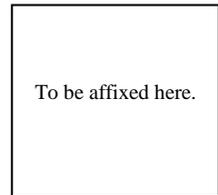


FORM 1
FOR ORGAN OR TISSUE DONATION FROM IDENTIFIED LIVING NEAR RELATED DONOR
(To be completed by him or her)
(Refer rules 3 and 5(3)(a))

My full name (proposed donor) is
and this is my photograph.

Photograph of the Donor
(Attested by Notary Public
across the photo after affixing)



My permanent home address is Tel:

My present address for correspondence is Tel:

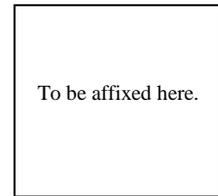
Date of birth(Day/month/year)

I enclose copies of the following documents: (attach attested photocopy of at least two of following relevant documents to indicate your near relationship):

- Ration/Consumer Card number and Date of issue and place:.....and/or
- Voter's I-Card number, date of issue, Assembly constituency.....and/or
- Passport number and country of issue.....and/or
- Driving License number, Date of issue, licensing authority.....and/or
- Permanent Account Number (PAN).....and/or
- AADHAAR No.and/or
- Any other valid proof of identity and address reflecting near relationship

I authorize removal for therapeutic purposes and consent to donate my (Name of organ/tissue) to my relative (Specify son/daughter/father/mother/brother/sister/grand-father/grand-mother/grand-son/grand-daughter), whose particulars are as follows and name isand who was born on(day/month/month):

Photograph of the Recipient
(Attested by Notary Public
across the photo after affixing)



The copies of following documents of recipient are enclosed (attach attested photocopy of at least two relevant documents to indicate your near relationship):

- Ration/Consumer Card number and Date of issue and place:.....and/or
- Voter's I-Card number, date of issue, Assembly constituency.....and/or
- Passport number and country of issue.....and/or
- Driving License number, Date of issue, licensing authority.....and/or
- Permanent Account Number (PAN)and/or
- AADHAAR No (Issued by Unique Identification Authority of India).....and/or
- Any other valid proof of identity and address reflecting near relationship

I solemnly affirm and declare that:

Sections 2, 9 and 19 of The Transplantation of Human Organs Act, 1994 have been explained to me and I confirm that:

1. I understand the nature of criminal offences referred to in the sections.
2. No payment as referred to in the sections of the Act has been made to me or will be made to me or any other person.
3. I am giving the consent and authorization to remove my (name of organ/tissue) of my own free will without any undue pressure, inducement, influence or allurement.
4. I have been given a full explanation of the nature of the medical procedure involved and the risks involved for me in the removal of my (name of organ)/tissue).That explanation was given by (name of registered medical practitioner).
5. I understand the nature of that medical procedure and of the risks to me as explained by that practitioner.
6. I understand that I may withdraw my consent to the removal of that organ at any time before the operation takes place.
7. I state that particulars filled by me in the form are true and correct to the best of my knowledge and belief and nothing material has been concealed by me.

.....
Date

.....
Signature of the prospective donor
(Full Name)

Note: To be sworn before Notary Public, who while attesting shall ensure that the person/persons swearing the affidavit(s) signs(s) on the Notary Register, as well.